

APPLICATION FOR SABBATICAL LEAVE FORM

Cover Sheet:

_____ *Date* _____ *Name* _____ *ID #* _____ *College/Center Assignment*

Please answer the following questions:

1. Have you ever taken a sabbatical leave? Yes No If so, when? _____
2. Have you ever taken any other kind of long-term leave? Yes No If so, when? _____
3. Have you been employed in this district for six (6) consecutive years? Yes No

THE DUE DATE FOR ALL SABBATICAL LEAVES IS THE THIRD FRIDAY IN FEBRUARY (See Part V of Leave Procedures)

Sabbatical Leave Options and Amount of Compensation Requested

In accordance with the applicable provisions of the California Education Code and the Policies and Procedures of the San Diego Community College District, a sabbatical leave is requested for the following period of the 20__-20__ school year;

10-Month Employees

- Full academic year (50%)
- Fall semester only (100%)
- Spring semester only (100%)
- Two non-sequential semesters within a 36-month period (50%)
(_____ semester, 20__-20__
(_____ semester, 20__-20__
and _____ semester, 20__-20__)

11/12-Month Employees

- Full fiscal year (50%)
- First six months of the Fiscal Year (100%)
- Second six months of the Fiscal Year (100%)
- Quarter (indicate 1st, 2nd, 3rd, or 4th)
Two nonconsecutive quarters (100%)
- Two months in summer for three consecutive summers (100%)

Purpose of Leave

- Academic Coursework
- Retraining
- Research
- Teaching, Learning and Appropriate Instructional and Student Services Activity

Method of Compensation

The employee requests that sabbatical leave compensation be paid under the plan checked below:

- A. Option 1. If the leave is for a period of one year, the faculty member may receive compensation in two equal installments at the end of the first and second year of service rendered in the District following return from leave. If the leave is for a period less than one year, the faculty member may receive the total compensation at the end of the first year of service rendered in the District following return from leave.
- B. Option 2. Regardless of the length of leave, the faculty member may receive compensation in the same manner as if he/she had remained in active service.

Signature of Applicant

My Sabbatical Abstract and Plan are attached.

Signature of Applicant

Date

See reverse side for plan and abstract format. Refer to SDCCD Sabbatical Leave Procedure for specific information. This document is available online. A sample is included.

(Application for Sabbatical Leave)

- Please number all pages in consecutive order (so that the committee can be sure there are no pages missing).
- Applicants, chairs, and deans should be careful not to list applicant's name anywhere on the application except on the cover page and the signature sheet.
- Please be advised that all units taken during a Sabbatical Leave may be used for salary advancement.

Abstract:

Provide an abstract summarizing the description of your proposed leave plan in a paragraph of about 100 words. This part of your application will become part of the Board Docket. Please include the following information as part of the abstract:

1. **Need for the Professional Growth** – describe the purpose of the leave.
2. **Sabbatical Activities** – describe what you plan to do.
3. **Anticipated Outcomes** – describe the primary outcome; instructor and classroom teaching outcomes; professional/faculty relationship outcome; student outcomes.
4. **Means of Measurement** – describe what evidence you will submit to demonstrate achievement of your outcomes.
5. **Benefit to District**

Plan:

Provide a full description of the proposed sabbatical leave including the following information in your sabbatical plan. As you prepare this plan, it is strongly recommended that you consult with the Department Chair/Supervisor and/or School Dean/Manager prior to the third Friday in February to address any issues or to provide additional information or clarification regarding the proposed plan. You may also consult with any member of your college's professional growth/development committee.

1. **Need for Sabbatical** – how does your plan meet the need for professional growth and development as well as benefits to the students, colleagues and college?
2. **Description of Overall Plan** – a detailed course of action that is consistent with the statement of purpose and nature of the leave.
3. **Objectives** – What do you plan to accomplish and how will you measure it?
4. **Evidence of Completion** – reports, video, transcripts.

5. **Relevancy to Current/New Assignment and Improvement of Student Learning**

6. **Timeline** – What is the timeline for accomplishing your objectives?

San Diego Community College District
3375 Camino del Rio South
San Diego CA 92108-3883

(Application for Sabbatical Leave)

Recommendations and Signatures:

Name of Applicant _____ **ID#** _____ **Campus Site** _____ **Phone** _____

Department Chair Recommendation: Signature _____ Date _____

____ Recommend _____ Conditional Recommendation* _____ Not Recommended*

Dean/Manager Recommendation: Signature _____ Date _____

____ Recommend _____ Conditional Recommendation* _____ Not Recommended*

College Professional Development Committee Chair _____
Signature _____ Date _____ Ranking _____

____ Recommend _____ Conditional Recommendation* _____ Not Recommended*

Vice President Recommendation: Signature _____ Date _____

____ Recommend _____ Conditional Recommendation* _____ Not Recommended*

President Recommendation: Signature _____ Date _____

____ Recommend _____ Conditional Recommendation* _____ Not Recommended*

***Must include written statement to specify/document conditions or reasons.**

Approved by Board of Trustees on _____
Date

Sabbatical Leave Recorded by Human Resources _____ Date _____